## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line	#						
	SECTION I: Parties	and Term of Conti	acts				_
1	Public Employer: De	laware Valley Re	eg HS	County: Hunterdo	on		
2	Employee Organization	n: Delaware Valley Re	g Education Assn	Number of Employe	ees in Unit: 117		
3	Base Year Contract Te	7/1/2015-6/	20/2018	New Contract Term	7/1/2018-6/30		
	SECTION II: Type of	f Contract Settlem	ent (please check	only one)			
4	Contract set	tled without neutral	assistance				
_							
5	Contract sett	led with assistance	of mediator				
6	Contract sett	led with assistance	of fact-finder				
7	Contract sett	led with assistance o	of super-conciliator				
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recon	nmendations?		
	Yes No						
	SECTION III: Salary	Base					
	The salary base is the the parties negotiate		-	pired or expiring ag	reement. This is	the base cost fi	rom which
9	Salary Costs in Base Y	ear	ş 6,803,683				
10	Longevity Costs in Bas	se Year	ş 0				
11	Total Salary Base		\$ 6,803,683				
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	7/1/2018	7/1/2019	7/1/2020			
13	Cost of Salary Increments (\$)	164,773	158,281	143,863			
14	Salary Increase Above Increments (\$)	22,328	33,966	53,670			
15	Longevity Increase (\$)	0	0	0			
16	Total \$ Increase (sum of lines 13-15)	187,101	192,247	197,533			
17	New Salary Base (\$)	6,990,784	7,183,031	7,380,564			
18	Percentage increase over prior year	2.75 %	2.75 %	2.75		%	%

\*If contract duration is longer than five years, please add an additional page.

## SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	<i>Year 3</i> Increase (\$)	<i>Year 4</i> Increase (\$)	<i>Year 5</i> Increase (\$)
	Tuition Reimbursement	30,000	10,000				
	Home Instruction Rate	\$47/hr	\$50/hr				
	Extra Pay Rate	\$32/hr	\$40/hr				
	Schedule B Stipends	313,584	17,282	-548	3,323		
20	Totals(\$):						

<sup>\*</sup>If contract duration is longer than five years, please add an additional page.

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ 1,621,802	\$ 1,801,754
22	Prescription Plan Cost	ş 466,732	\$ 528,030
23	Dental Plan Cost	ş <mark>91,766</mark>	\$ 93,444
24	Vision Plan Cost	\$ 26,676	\$27,476
25	Total Cost of Insurance	\$ 2,206,975	\$ 2,450,704
26	Employee Insurance Contributions	\$ 382,022	\$ 442,006
27	Employee Contributions as % of Total Insurance Cost	17.31	18.03

Page 2 of 3 (complete all pages)

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a>

NJ Public Employment Relations Commission

**Conciliation and Arbitration** 

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Revised 8/2016